

PRIVACY RELEASE FORM

I hereby authorize Congresswoman Carolyn McCarthy to request on my behalf, pertinent to the Freedom of Information and Privacy Act, access to information concerning me in the files of:

(Department or agency)

Congresswoman McCarthy is also authorized to see any materials that may be disclosed to that request, and to speak on my behalf.

Name: _____ Date of Birth: ____/____/____

Current Physical Address (**NO P.O. Boxes**):

Telephone: (Home) _____ (Work) _____
(Please give a number where you can be reached)

List any or all identifying numbers, which might apply to your situation.

Social Security: _____ V.A.: _____

Immigration "A" Number: _____ Date Filed: _____

Case Number: _____ Other: _____

Briefly state the outcome you are seeking: _____

Briefly state the nature of your problem (be specific): _____

(If you need more space please use another sheet of paper)

I hereby declare that I am currently a resident of the Fourth Congressional District and the above information is truthful and complete to the best of my knowledge. In addition, if it is found that the above information is not truthful and complete, my case will be closed and Congresswoman Carolyn McCarthy and/or her staff will take no further action on my behalf.

Signature: _____ Date: ____/____/____